CASIF SHORT FORM

Client: _____ Date:_____

Address: _____ City: _____

Agency: _____ Home Type: ☐-SF, ☐-MF, ☐-M/H

▶ ☐ **ECIP Furnace Only (No Wx)**—Complete (A)–(D) & attach "Post-Repair/Replacement" Form.

▶ Forms attached: ☐ **Additional Appliance,** ☐ **Interim Tests,** ☐ **Post-Repair/Replace**

| ☐ *SERVICE REQUIRED* |
| Date:_____ |
| ☐ **CORRECTED** |
| Date:_____ |

(A) *IMMEDIATE SERVICE REQUIRED* (Z-1) [CAS Tester Model:_____ ID #_____]

Appliance and description of problem	Repairs made ● By whom ● Date

(B) REQUIRED REPAIRS (Z-2)

Appliance and description of problem	Repairs made ● By whom ● Date

(C) TEST RESULTS

Appliance	N/A ☒	PRE-Wx Test Results Pass or Fail	Reason for FAIL	POST-Wx Test Results Pass or Fail	Reason for FAIL
Main Heater		P **F**		P **F**	
Other Heater		P **F**		P **F**	
Gas: Log FP		P **F**		P **F**	
		P **F**		P **F**	
Water Heater		P **F**		P **F**	
Cook Top		P **F**		P **F**	
Oven & Broiler		P **F**		P **F**	
Clothes Dryer		P **F**		P **F**	

(D) COMMENTS AND RECOMMENDED REPAIRS

PRE-TEST: Technician Signature: _____ Date: ____/____/____

POST-TEST: Technician Signature: _____ Date: ____/____/____

(E) CLIENT INTERVIEW: ☐ Gas Leak, ☐ Unvented Heater/Oven, ☐ Appliance Problems / Other:_____

(F) AMBIENT CO MEASUREMENTS—Space Heaters

[Htr #1] **Living Space**: **F-1:** *Initial*: ____ ppm ● **F-3:** *Second*: ____ ppm ▶ P **F** ● **F-4: Appliance:** ____ ppm *change* ▶ P **F**

[Htr #2] **Living Space**: **F-1:** *Initial*: ____ ppm ● **F-3:** *Second*: ____ ppm ▶ P **F** ● **F-4: Appliance:** ____ ppm *change* ▶ P **F**

Legend: Y = Yes, N = No, NA = Not Applicable, U = Unverifiable, NF = Not Feasible ● Defects: record on pg. 1, Gas Leaks in (A); additional notes in (O).
Heater Type: FAU = Forced Air Unit, WF = Wall Furnace, FF = Floor Furnace, DV = Direct Vent, FS = Free-Standing (Item numbering is coordinated with Full-Length CASIF)

(G) GAS HOME HEATING SYSTEM: ☐ Main, ☐ Only ☐ NA	Pre-Wx Test	Post-Wx Test
G-3 Type & Btu/hr: ● Draft: ☐ Natural ☐ Induced ● ☐ DV	Location:	☐ See Post-R/R Form
G-9 CVA: Existing: _____, Req'd: _____	Is CVA OK? Y **N** NA	Added:_____
G-10–15 Visual—Off:	Defects? **Y** N NA U	Y N NA U
G-16–18 Visual—On:	Defects? **Y** N NA U	Y N NA U
G-20 Open Door Tests—CO & Draft ☐ Appliance Ambient CO—Flue Gas CO is NF ☐ Can't use Draft Gauge, doing "Smoke Test" ● Spillage Check:	Outdoor temperature: _____°F CO: ____, ____, ____, ____ ppm Draft: –_____ iwc/Pa P **F** NA Spillage present? **Y** N NA	Temp: _____°F Highest ____ ppm –_____ iwc/Pa P **F** **Y** N NA
G-21 Closed Door Tests—CO & Draft ☐ NA ☐ Appliance Ambient CO—Flue Gas CO is NF ☐ Can't use Draft Gauge, doing "Smoke Test" ● Spillage Check:	Outdoor temperature: _____°F CO: ____, ____, ____, ____ ppm Draft: –_____ iwc/Pa P **F** NA Spillage present? **Y** N NA	Temp: _____°F Highest ____ ppm –_____ iwc/Pa P **F** **Y** N NA
G-22 FAU—☐ Short Cycling	Defects? **Y** N NA U	**Y** N NA U
G-26 *If Replacement is proposed, must give reason:* ☐ NOx Rod, ☐ Other:		

(H) GAS LOG/LIGHTER & GAS FIREPLACE UNIT	Pre-Wx Test	Post-Wx Test
H-1 ☐ Gas Log, ☐ Gas-Fired Log Lighter, ☐ Gas Fireplace Unit		
H-2a Gas Log: Primary Heater? ☐ Yes, ☐ No ☐ NA	Damper OK? Y **N** NA	Y **N** NA
H-2b Gas Log CO Measurement: ● "Smoke Test" along fireplace opening:	CO _____ ppm P **F** NA Visual Draft Test: P **F** NA	_____ ppm P **F** Draft P **F**
H-3 *Open* Comb. ☐ Gas Fireplace, ☐ Gas F/P Insert ☐ NA ☐ Appliance Ambient CO (Flue Gas CO is NF)	CO _____ ppm P **F** NA Visual Draft Test: P **F** NA U	_____ ppm P **F** Draft P **F**
H-4 *Closed* Comb. ☐ Gas Fireplace, ☐ Gas F/P Insert ☐ NA ☐ Appliance Ambient CO (Flue Gas CO is NF)	CO _____ ppm P **F** NA	_____ ppm P **F**

(I) GAS WATER HEATER: ☐ Main, ☐ Only, ☐ Storage, ☐ Tankless, ☐ NA	Pre-Wx Test	Post-Wx Test
I-4 Gallons & Btu/hr: ● Draft: ☐ Natural ☐ Induced ● ☐ DV	Location:	☐ See Post-R/R Form
I-7 Mobile Home: Is floor sturdy & holding tank in a safe position?	Floor sturdy & safe? Y **N** NA	Y **N** NA
I-9 CVA: Existing: _____, Req'd: _____	Is CVA OK? Y **N** NA	Added:_____
I-10–11 Visual—Off:	Defects? **Y** N NA U	**Y** N NA U
I-12–13 Visual—On:	Defects? **Y** N NA U	**Y** N NA U
I-15 Open Door Tests—CO & Draft ☐ Appliance Ambient CO—Flue Gas CO is NF ☐ Can't use Draft Gauge, doing "Smoke Test" ● Spillage Check:	Outdoor temperature: _____°F Highest CO: _____ ppm Draft: –_____ iwc/Pa P **F** NA Spillage present? **Y** N NA	Temp: _____°F Highest ____ ppm –_____ iwc/Pa P **F** **Y** N NA

I-16	Closed Door Tests—CO & Draft ☐ NA	Highest CO: _____ ppm	Highest ____ ppm
	☐ Appliance Ambient CO—Flue Gas CO is NF	Draft: –_____ iwc/Pa P **F**	–_____ iwc/Pa P **F**
	☐ Can't use Draft Gauge, doing "Smoke Test"	NA	**Y** N NA
	● Spillage Check:	Spillage present? **Y** N NA	
I-20	*If Replacement is proposed, must give reason:* ☐ Leaking, ☐ Other:		

(J) GAS COOK STOVE & OVEN/BROILER ☐ NA	**Pre-Wx Test**	**Post-Wx Test**
J-2–3 Kitchen Exhaust issues? ☐ Mobile Home	Exhaust issues? Y N NA	☐ See Post-R/R Form
J-4 ● <u>Cooktop</u> CO: ☐ Problem/Defect present	LR _____, RR _____ ppm CO LF _____, RF _____ ppm CO 5th Burner _____ ppm CO NA Griddle: _____ ppm CO NA	_____, _____ _____, _____ _____ Griddle: _____
● <u>Griddle</u> CO		
J-5 <u>Oven & Broiler</u>: ☐ Problem/Defect present ☐ <u>Single-Burner Oven</u>: ☐ <u>Two-Burner Oven</u>: ☐ <u>Broiler separate from Oven</u>: ☐ <u>Convection Oven</u>: (Fan On & Off, highest reading)	Oven #1: _____ ppm CO NA Broiler #1: _____ ppm CO NA Oven #2: _____ ppm CO NA Broiler #2: _____ ppm CO NA	_____ ppm CO _____ ppm CO _____ ppm CO _____ ppm CO
J-6 *If Replacement is proposed, must give reason:*		

(K) GAS CLOTHES DRYER ☐ NA	**Pre-Wx Test**	**Post-Wx Test**
K-2 Dryer location: ☐ Living Space, ☐ Attached Garage, ☐ Other:		
K-3 Is exhaust to outdoors required (IRM will be installed)?	Outdoor exhaust required? **Y** N	**Y** N
K-4 Moisture Exhaust has improper termination, defect, etc.?	Repairs required? **Y** N NA	**Y** N NA
K-5 With room Door <u>Open</u>, check CO. ☐ NA	CO: _____ ppm	_____ ppm CO
K-6 With room Door <u>Closed</u>, check CO. ☐ NA	CO: _____ ppm	_____ ppm CO

(L) TEST DATA TRANSFERRED TO PAGE 1:   ☐ Pre-Wx Results ● ☐ Post-Wx Results, ☐ Post-Testing is NA

(M) COMBUSTION APPLIANCE ZONE (CAZ) TEST—DATA FORM   ☐ Copy attached, ☐ NA

(N) <u>OTHER CAS SHORT FORMS ATTACHED</u>:   ☐ NA

☐ **ADDITIONAL APPLIANCES** .... ☐ Space Heater(S), ☐ Water Heater

☐ **INTERIM CAS TESTS** .... ☐ Space Heater(s), ☐ Water Heater

☐ **POST-REPAIR/REPLACEMENT SAFETY CHECKS** .... ☐ Space Heater, ☐ Water Heater, ☐ Range

(O) Additional Notes: _____

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